

MULTIPLE DEPENDENT  
FEE CALCULATION FORM  
(FOR USE WITH FORM PA-679)

APPLICANT(S)

09/04/9957

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	INO.	DEP.	INO.	DEP.
1	/			
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49				
50				
TOTAL INO.	4			
TOTAL DEP.	23			
PTAB:	24			

INO.	DEP.	INO.	DEP.	INO.	DEP.
61					
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97					
98					
99					
100					
TOTAL INO.	24				
TOTAL DEP.	23				
TOTAL	24				

BEST AVAILABLE COPY